

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

*09/25/83*

FILING

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/										
2		/					51		/		
3		/					52				
4		/					53				
5		/					54				
6		/					55	/			
7		/					56				
8		/					57				
9		/					58				
10		/					59				
11		/					60				
12		/					61				
13		/					62				
14	/						63				
15		/					64				
16		/					65				
17		/					66				
18		/					67				
19		/					68				
20		/					69				
21		/					70				
22		/					71				
23		/					72				
24		/					73				
25		/					74				
26							75				
27							76				
28							77				
29							78				
30							79				
31							80				
32							81				
33							82				
34							83				
35							84				
36							85				
37							86				
38							87				
39							88				
40							89				
41							90				
42							91				
43							92				
44							93				
45							94				

*Ind / Dep*  
*2 / 23*